



Rockford REGROW Grant Fund

TIER 1 APPLICATION FORM

APPLICATION DIRECTIONS: This year's REGROW Grant application cycle will have TWO (2) rounds, or tiers of applications. If selected to move to Tier 2, finalists will be notified by email and provided a copy of the Round 2/Final extended application.

All applicants must answer all required questions in this Round 1 application (shown in red), and number their responses. Application responses are required in a basic typed font (e.g. Arial or Times New Roman), no less than 10pt and no more than 14pt. Handwritten and/or incomplete applications will not be considered. **Completed Round 1 applications must be submitted via email by Saturday, July 31, 2021 at 5PM CST to REGROW@rockfordil.gov.**

IMPORTANT NOTE: If you are applying in partnership with other organizations, as a cooperative or consortium, please provide information for all applicants, but specifically highlight the designated fiscal sponsor organization for the proposed project or program.

Applicant(s) information

1. **Entity name(s):** *(Please list all entities involved in this proposed project or program.)*
2. **Lead Entity Address:** *(Please list only the designated fiscal sponsor or Lead Applicant address for this proposed project or program.)*
3. **Lead Entity Tax ID number:** *(Please list only the fiscal sponsor address for this proposed project or program.)*
4. **Individual SSN number:** *(ONLY IF APPLICABLE – an individual SSN is required for applicants that have not yet received a business tax ID or have not finalized a fiscal sponsor.)*
5. **Lead Contact Name:** *(First and Last Name)*
6. **Lead Contact Email & Phone:** *(Email is required for results notification.)*
7. **Project Principals and/or Leadership Team:** *(Please provide first & last name and brief bio of <250 words; Optional: In order to accurately track the impact of this initiative, please include race, ethnicity, preferred pronouns, and/or any past direct history with cannabis-related criminalization.)*



Proposed Project or Program Information

1. **Project/Program Title:**
2. **Requested funding option:** (Note: Round 2 notifications will also identify the applicant's best funding option)
 - ☐ One-Time (\$50,000 total)
 - ☐ Two-Year (\$150,000 total; \$75,000 per year)
 - ☐ One-Time Quick Deployment Grant (\$10,000 total)
3. **Is this a project/program that has received funding from any other grant source before?**
 - ☐ Yes ☐ No
 - A) If yes, please indicate what year(s):
4. **Project/Program Summary:** (<1000 words; Please include details about WHAT the project/program will do, WHO specifically the project/program will service, WHY the project/program is needed, and HOW the project/program fulfills the objectives of the SEED Grant Fund, as outlined in the Rockford REGROW application)